

# David Grant USAF Medical Center VA Northern California Health Care System

Col Mark Allen
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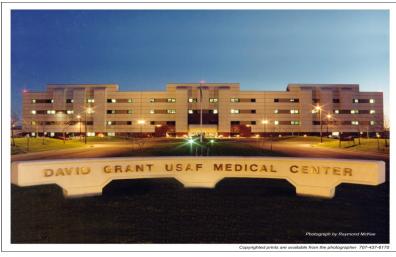
Ms KC Carlson
VA Northern California Health Care
System



#### **Overview**



- Key Principles
- Locations
- History of JV
- Services Provided
- Capabilities
- Staff Integration
- Joint Incentive Funds
- JV Workload
- Resources
- Unique JV Challenges
- Keys to Success as a JV
- Future Initiatives







# **Key Principles**



- Collaboration to achieve shared goals through mutual support of both our common and unique mission requirements
- Stewardship to provide the best value for our beneficiaries and the taxpayer
- Leadership to establish clear policies and guidelines for VA/DoD partnership, promote active decision-making and ensure accountability for results

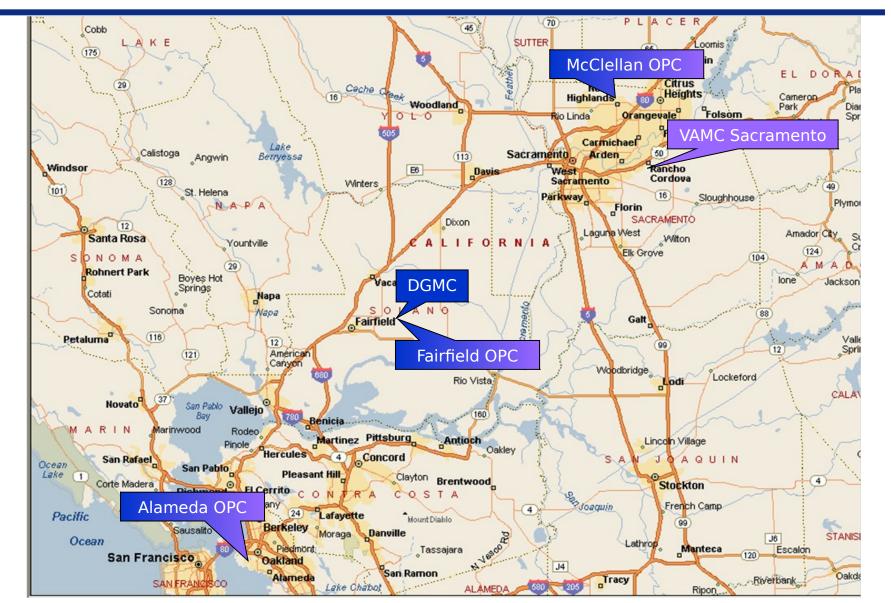






# Travis AFB / VANCHCS Locations







## **History of Joint Venture**



- Sharing agreement between 60 MDG and VANCHCS established in 1994
- Veterans utilize DGMC for inpatient, outpatient, emergency and specified diagnostic services
- VA Fairfield Clinic (adjacent to DGMC) includes joint neurosurgery clinic and DoD contract chiropractic clinic
  - Separate agreements allow VA patients to use Fisher House & AF Billeting
- 60 MDG Satellite Clinic located at VA's North Sacramento site
  - 6 PCMs for 60 MDG enrollees located at Sacramento site
    - Includes active duty Coast Guard and dependents
  - VA provides lab, x-ray, pharmacy services to TRICARE beneficiaries through JV; no patient co pay for visit or ancillary services
- Agreement incorporates Pre-Sep Program, a consolidated DoD Pre-Separation and VA Comprehensive and Pension physical
  - 25-50 per month
- DES (Disability Evaluation System) Pilot Demonstration Site
- Joint Inpatient Mental Health Unit, Opening June 16th, 2009



# 1994 - 2009 15 Years of Sharing







- 24 hour Emergency Care
- DGMC Satellite Clinics
- Night Hawk Radiology Reads
- Courier Service
- Clinical Space for Outpatient Care
- Radiation Oncology
- Lab support
- Hyperbaric Care
- Inpatient Care
- Emergency Management
- Hemodialysis/Peritoneal Dialysis
- Neurosurgery
- BDD Program
- Education and Training
- Ambulatory Procedures
- Security Access Support Agreement
- Interventional Radiology
- Oral Maxillofacial
- Vets Access Fisher House & AF Inn
- Pharmacy Support
- Radiology
- Plastic Surgery



# **Capabilities**













## Staff Integration







"The staff is seamless. We have a completely integrated staff,





# **Joint Incentive Fund Projects**





FY 04 -Joint Hemodialysis Center
FY 05 -Joint Peritoneal Dialysis
\$0.6M
FY 06 -Joint Neurosurgery
FY 07 -Joint Radiation Oncology Center
\$5.7M

FY 08 - Joint Inpatient Mental Health Unit



#### **Joint Venture Workload**



#### Outpatient Services provided by DGMC

	FY04	FY05	FY06	FY07	FY08
<b>Outpatient Visits</b>	767	959	1,375	1,512	2,207
APVs	7	5	17	33	28
Rad Therapy	2,388	2,750	3,575	4,414	4,080
Radiology Films Read	431	594	880	767	920
Hemodialysis	0	643	2,467	3,747	3,788
Peritoneal Dialysis			11	48	62

#### Outpatient Services provided by the VA

	FY04	FY05	FY06	FY07	FY08
Laboratory	20,91	22,85 4	14,32 3	15,10 0	17,43 8
Pharmacy	17,38 3	15,50 3	13,29 7	11,33 0	9,543
Radiology	1.209	1.562	1.176	1.016	1.034



#### **Joint Venture Workload**



#### Neurosurgery

	FY07	FY08
Outpatient Visits (VA only)	537	502
Inpatient (VA/DoD)	98/69	103/92

#### Inpatient Services provided by DGMC

	FY04	FY05	FY06	FY07	FY08
Dispositions	246	217	362	474	535
Occupied Bed Days	907	701	1,17 3	2,016	2,280



#### Resources



- Reciprocal reimbursements:
  - 75% of CMAC outpatient rate
  - 75% of TRICARE inpatient rate
- Additional reimbursements
  - Dispensing fee for pharmacy scripts
  - Courier services between facilities
  - Leased space based on 75% of BOMA rate
- Utilization of Fairfield OPC in Contingencies
- Other VISN 21 Agreements with DGMC



# **Unique JV Challenges**



- Incompatible budget systems
  - VA's Financial Mgt System doesn't interface directly with DFAS
  - Awaiting modifications to allow VA to use IPAC (Intra-Governmental Payment and Collection) payment to make Fee Basis payments generating VA workload
- Dual eligibles and differing benefit structures
- IT systems
  - VistA and AHLTA systems not integrated
  - Workarounds are a challenge
- Frequent turnover of DoD staff/Deployments
- Admin/Ancillary Support Challenges
  - Need for focus on admin support while growing medical programs



# Why We are Successful



- Patient-centered focus
- Trust and integrity between VA and DoD
- Engaged and supportive leadership
- Regular Meetings/Ongoing Communication
  - Monthly Joint Initiatives Working Group
  - Quarterly Executive Management Team meetings
  - Reciprocal Reimbursement Methodology
  - User Review of Master Sharing Agreement
  - Annual Joint Strategic Planning Sessions
- Address issues early on
- Keep looking for win-win opportunities
  - Doesn't have to be a zero sum negotiation



#### **Future Initiatives**



- Joint Cardiovascular Care Center
  - Submittal FY09 for Joint Incentive Funds
- Other Initiatives Being Considered
  - Prostate Brachytherapy (Sacramento VAMC)
  - Concurrent Chemo/Radiation Therapy (DGMC)
  - Joint Physical Therapy Program (McClellan OPC)
  - Joint PTSD Residential Rehab (Travis AFB)
  - USAF Satellite Clinic (Alameda Point OPC)



# **Questions?**





#### **Contact Information**



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